

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2026
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NAME OF PROVIDER OR SUPPLIER HILLSIDE COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 108 HILLSIDE COURT JACKSONVILLE, NC 28540
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 5, 2026. The complaints were substantiated (intake #NC00235457 & #NC00235502). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000	<p>27G .5603 Supervised Living - Operations</p> <p>Measures taken:</p> <p>Training with In-house nurse before 2/20/2026 on:</p> <ol style="list-style-type: none"> 1. Client Care Needs 2. Medical Needs 3. Incident Reporting Needs 4. Suspected Injury Needs. <p>Online Courses shall be completed before 2/27/2026 or terminated from employment.</p>	<p>Completed</p> <p>2/14/2026</p> <p>Roster and test results filed</p>
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291	<ol style="list-style-type: none"> 1. Paraprofessional will complete training in <ol style="list-style-type: none"> a. Incident reporting b. Client services c. Unique needs of the client served. <p>New Daily Note</p> <ol style="list-style-type: none"> 1. Implementation of new Daily Note to indicate if there are any injuries. 2. Staff will sign the acknowledgment form which informs if there is an incident/injury to client. If box is checked, staff will complete an incident report & forward it on-line through portal to QP. Program Manager will follow up for completion. <p>Preventative Measures</p> <ol style="list-style-type: none"> 1. Staff will take on-line testing annually 2. Program Manager will discuss incident reporting, safety, and client care in each staff meeting 	<p>Completed</p> <p>Effective</p> <p>2/11/2026</p> <p>Ongoing</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carol R. Wilson</i> President	TITLE President	(X6) DATE 03/02/2026
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V 291	<p>Continued From page 1</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain coordination between the facility operator and the qualified professionals (QP) responsible for the client's treatment affecting 1 of 1 former clients (FC) (#3). The findings are:</p> <p>Review on 2/4/26 of FC#3's record revealed: -Date of admission: 7/20/22. -Date of discharge: 1/5/26. -Diagnoses: Intellectual Developmental Disability-Moderate, Down Syndrome, Chronic Kidney Disease, Hypothyroidism, Insomnia, Hypotension, Depressive Disorder, Arthritis of Right knee.</p> <p>Review on 2/5/26 of an "After Visit Summary" dated 1/7/26 for FC #3 from a local hospital revealed: -Date of visit: 1/7/26. -Reason for visit: Right Ankle Pain.</p> <p>Review on 2/5/26 of an "After Visit Summary" dated 1/9/26 for FC #3 from a local orthopedic provider: -Date of visit: 1/9/26. -History and Physical: "Chief Complaint: Right Ankle Pain, Ongoing since: maybe beginning of December (2025) at previous nursing facility</p>	V 291	<p>Preventative Measures Continued</p> <ol style="list-style-type: none"> 3. QP will respond to all portal incident reports within 24-hours with consultation and recommendations. 4. Incident Reports will be reviewed and a quarterly report will be filed in the on-line portal for trends, review, and recommendations by President. 5. All will be addressed consistently during meetings with Managers and QP's. <p style="text-align: center;">Monitoring</p> <p>Program Manager will make sure incidents are reported and documented. President will monitor all reports and review monthly on the on-line portal for completion and review. President will complete quarterly Incident Reporting report on the portal. President will provide feedback to QP's for recommendations if needed for updates.</p>	Ongoing	

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V 291	Continued From page 2 (Hillside Court), following a fall stated by patient cause of fx (fracture) stated by patient..." -Diagnosis: "Oblique fracture of the right distal fibula." Review on 2/5/26 of an email dated 1/1/26 from the QP to the FC #3's Department of Social Services (DSS) legal guardian revealed: -"...Staff at the house (facility) have observed her (FC #3) as having an increase in behaviors. Without any noticeable signs of injury or observed accidents (i.e.: bruises, bumps, falls, etc.), she has been feigning not being able to walk. She may fabricate a limp, requesting assistance with walking (Ex (example): wanting you to hold her hand at all times), refuse to walk, or express that she cannot get up from a seated position. There have been no incidences that would lead any of the staff to believe that she is injured or needing medical attention. Should this change, we will take her to urgent care. During this time (cold and flu season) we try our best to keep our individuals out of medical offices due to an influx of patients being sick with easily spread viruses." Review on 2/4/26 of the Nursing Note by FC #3's day program Licensed Practical Nurse (LPN) dated 1/7/26 revealed: -"On 1-7-25 this nurse (LPN) was asked by the Day Program Manager to come to the Day Program to assess [FC #3] who was complaining of right ankle pain. Upon assessment it was noted that [FC #3] had 2+ to 3+ pitting edema right lower extremity was red, hot, skin was very tight, [FC #3] had point tenderness to right ankle upon palpation. This nurse spoke with [FC #3's guardian] at DSS and [Executive Director of FC #3's current residential provider], Program Coordinator with [current provider], and explained that [FC #3] needed immediate medical attention.	V 291		

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V 291	<p>Continued From page 3</p> <p>[FC #3] was taken to [local hospital]...."</p> <p>Observation on 2/4/26 at 9:35 am at FC #3's current residential facility revealed: -FC #3 was wearing a weightbearing cast on her right foot.</p> <p>Interview on 2/4/26 FC #3 stated: -She "tripped and fell" while at Hillside Court in December 2025, exact date was unknown. -"I told [Program Manager] and [staff #1] my ankle was hurting." -Staff at Hillside Court did not take her to the doctor after she reported her ankle hurt.</p> <p>Interviews on 2/4/26 & 2/5/26 the DSS legal guardian of FC #3 stated: -FC #3 was able to verbalize if she was in "pain or discomfort." -She was "not aware" of FC #3 having a history "faking injuries." -She had not been notified by Hillside Court that FC #3 had ankle pain. -She had not been notified by Hillside Court that FC #3 had trouble walking until 1/1/26.</p> <p>Interview on 2/5/26 the Qualified Professional (QP) at the day program stated: -She was not aware of FC #3 having any falls or injuries at the day program. -FC #3 had not reported pain or injury during the month of December 2025. -She had not noticed FC #3 limp during ambulation.</p> <p>Interview on 2/5/26 the LPN at the day program stated: -She was not aware of any falls or injuries for FC #3 at the day program. -Day program staff reported to her that FC #3 had</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>complained of pain to day program staff on 1/7/26.</p> <ul style="list-style-type: none"> -She completed a nursing assessment of FC #3's leg and ankle on 1/7/26. -During the assessment, FC #3 was observed having "2+ to 3+ pitting edema in her right lower leg." -FC #3 was transported to local hospital for medical care (1/7/26). <p>Interview on 2/5/26 staff #1 stated:</p> <ul style="list-style-type: none"> -FC #3 had "tripped and fell right before she was discharged, maybe 2 weeks prior, it was before Christmas (December 2025)." -FC #3 had "fell down to one knee" during fall. -She did not see any marks or bruises during skin check on that day (date unknown). -FC #3 reported she did not hurt when asked. -She reported the fall to the Program Manager on the same day (date unknown). <p>Interview on 2/5/26 staff #3 stated:</p> <ul style="list-style-type: none"> -She noticed "at the end of December" (2025) FC #3 had limped during ambulation. -FC #3 sat on the couch for 20 minutes and was unable to walk. -FC #3 did not complain of pain to her. -After the 20 minutes FC #3 "walked normal." -She did not report FC #3 limp to her supervisor. -She was not aware of FC #3 having a fall or injury at the facility. <p>Interview on 2/6/26 the Program Manager stated:</p> <ul style="list-style-type: none"> -She was responsible for taking clients to medical appointments. -Staff #1 reported at the end of December 2025, that FC #3 tripped as she came into the facility "but she didn't say she fell." -"A few days before December 26 (2025), FC #3 started complaining of pain in her ankle." 	V 291		

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V 291	<p>Continued From page 5</p> <p>-"I looked at it but I didn't notice any swelling or bruising." -"[FC #3] had a history of limping to try to get out of doing a task at the facility." -"I told her she had a physical exam coming up in a few days and I would get the doctor to check it then (December 26, 2025)." -FC #3 was unable to be seen at physical exam appointment due to "insurance issues (December 26, 2025)." -She did not seek medical care for FC #3's ankle. -FC #3 did not complain of pain after December 26, 2025.</p> <p>Interview on 2/6/26 the Qualified Professional (QP) stated: -"I was not aware of a fall (for FC #3), it was told to me that she had tripped but did not make contact with the floor." -She did not know the exact date. -"No injuries or visible signs of injuries were reported. No signs of broken bones or scrapes." -She sent an email to the FC #3's DSS legal guardian concerning "[FC #3] was complaining of pain and not being able to walk, not being able to get off the couch and needing assistance ambulating." -FC #3 would complain of pain "but later on she was observed by staff walking fine." -She notified FC #3's DSS legal guardian by email "We thought that it was attention seeking behavior." -"This was a 2-3 week period, not daily." -"[FC #3] had a history of lying to try to get her way." -FC #3 did not get medical care at the time she complained of pain and limped when she ambulated because "we did not see any visible signs of injury, bumps, bruises and there had not been any incidents reported to me that she had</p>	V 291		

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V 291	Continued From page 6 actually fallen." -"[Program Manager] did ask about taking [FC #3] to urgent care, (exact date unknown at the end of December 2025) because we didn't see any incidents that happened, we thought it was attention seeking behavior..." -"I will take the blame for staff not taking her to the hospital." Interview on 2/6/26 the Owner/Licensee stated: -No incidents for FC #3 had been reported to her. -She was not aware that FC #3 had been limping or was in pain. -She understood that staff were required to coordinate with client's treatment team to met the needs of the clients. Review on 2/5/26 of the facility's Plan of Protection dated 2/5/26 and written by the facility's QP revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? Facility will ensure that all complaints made by clients will be followed up with primary care within 24-48 hours (or immediately). Facility will take consumers to Primary Care -or- ER (Emergency Room) to be properly assessed by medical personnel. Any directives provided by PCP (Primary Care Provider) will be adhered to. -Describe your plans to make sure the above happens. All staff will be trained by Nurse on signs/symptoms in reference to pain; and what needs to be assessed by trained medical staff. Staff will receive refresher training on incident reporting and timeframes." FC #3 had diagnoses of Moderate Intellectual Developmental Disability, Down Syndrome, Chronic Kidney Disease, Hypothyroidism,	V 291			

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V 291	Continued From page 7 Insomnia, Hypotension, Depressive Disorder, and Arthritis of the Right Knee. FC #3 was discharged from the previous facility on 1/5/26. Prior to discharge, FC #3 reported pain in her ankle to the facility staff. FC #3 tripped and fell inside the facility and complained of ankle pain and was observed to limp during ambulation in late December 2025. The QP did not seek medical evaluation and attributed the behavior as attention seeking. On 1/9/26, FC #3 was diagnosed with an oblique fracture of the right distal fibula. Medical records indicated the injury occurred in December 2025 while FC #3 resided at Hillside Court. Hillside Court did not ensure coordination of medical services for FC #3 which resulted in serious neglect. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 291			